

Activity Registration Form
City of San José Department of Parks, Recreation & Neighborhood Services

Parent /Legal Guardian

Ms. _____
Mr. _____
Mrs. _____
Last Name

Main Phone _____
Area Code _____ Number _____

First Name _____
Area Code _____ Number _____

Other phone _____
Area Code _____ Number _____

Email address _____

Alternate Contact _____
Name _____

Address _____
Apt. No. _____

City _____ Zip+4 Code _____
New Address Y N

Relationship _____
Area Code _____ Number _____

Place Barcode Label Here

Card Number: _____
Card issued to: _____
Signature: _____
Type: ☐ Cash ☐ Credit Card ☐ VISA ☐ DISC-VER
Expiration Date: _____
Month _____ Year _____

First Choice				Second Choice			
Participant Last Name	First Name	Age	Gender	Birthdate	Course Title	Course Number	Course Fees
#1			M F	/ /			
#2			M F	/ /			
#3			M F	/ /			
#4			M F	/ /			

For Camp Participants Only
Child Shirt Size (Check one)
____ Child M (14-16) ____ Adult M
____ Adult S ____ Adult L ____ Adult XL

Activity Guide Subscription
Non-resident Fee \$14 per class
Total Fees _____

Citywide Activity Guide Subscriptions now available for \$10 per year.

Special Accommodations: City of San José Department of Parks, Recreation and Neighborhood Services welcomes individuals with disabilities into programs. Please indicate participant, any medical problems, and describe any accommodations needed for successful inclusion in the program(s). (Allergies food/medicine/environment, medical conditions, medications, etc.).

Name: _____
Special Accommodations: _____

Liability Release (Must be signed by participant or if under 18, parent or legal guardian.)
The undersigned has read the PRN's policies and procedures set forth within, in consideration of participation in the enrolled class(es), agrees to indemnify and hold the City of San José harmless, and release the City of San José from any and all liability for any injury which may be suffered by the above named individual(s) registered in the class arising out of or in any way connected with participation in the class except as arises out of the sole willful act or sole active negligence of the City of San José, its officers, agents or employees. I HAVE READ THE ABOVE AGREEMENT AND FULLY UNDERSTAND THAT I ASSUME ALL RISKS FOR INJURY RECEIVED.

Signature: _____
Date: _____
I understand that the City of San José may photograph or videotape the events or activities in which I am (or my child) is participating. I give my permission for the City to use photographs or videotape of me (or my child) for the purpose of promoting the City of San José and its services/programs or for educational purposes. I give my permission with the following understanding: No compensation of any kind will be paid to me (or my child) at this time or in the future for the use of my (or my child's) likeness. Permission is not required to participate in City events.

Signature: _____
Date: _____

You are enrolled in the following classes:

For Official City Use Only:

<input type="checkbox"/> Class Cancelled <input type="checkbox"/> Class Full <input type="checkbox"/> Waiting List	<input type="checkbox"/> Class Cancelled <input type="checkbox"/> Class Full <input type="checkbox"/> Waiting List
Class #1	Class #2
<input type="checkbox"/> Class Cancelled <input type="checkbox"/> Class Full <input type="checkbox"/> Waiting List	<input type="checkbox"/> Class Cancelled <input type="checkbox"/> Class Full <input type="checkbox"/> Waiting List
Class #3	Class #4

METHOD OF PAYMENT

Refunds
Class# _____ Amount\$ _____ Date: _____
Class# _____ Amount\$ _____ Date: _____

Payee Name _____
Over/Short _____
Date Processed: _____
Non-Resident Surcharge _____
Subscription _____
Donation _____
Total Fee _____
Total Received _____

☐ Cash ☐ Check # _____
☐ Credit Card ☐ Check # _____
Batch # _____ Ref # _____